

## Application for counselling

All victims of violent crime can use this form to apply for counselling. Further information and our online application can be found at [www.lawlink.nsw.gov.au/vs](http://www.lawlink.nsw.gov.au/vs)

### PART 1: Personal details

1. Full name Title (e.g. Mr, Mrs, Miss, Ms)  Surname/Family   
First/Given  Middle

2. Any other names used by the victim  
Surname/Family  First/Given

3. Gender Female ☐ Male ☐

4. Date of birth  (dd/mm/yyyy)

5. Address (Note: all correspondence will be sent to this address)  
Address  Postcode   
Country (if applicable)   
Postal address (if different)  Postcode

6. Contacts Phone  Mobile   
Email

Note: Please provide at least ONE contact method. If required, we will contact you between 8.00am & 6.00pm Mon to Fri.

7. Are you of Aboriginal or Torres Strait Islander origin? (Optional – for statistical purposes only)  
No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐

### PART 2: Details of the person/organisation applying on behalf of the above victim

(Parents/guardians or other persons who have an interest in the welfare of a person may apply on behalf of the victim)

Note: Parents/guardians and representatives will receive correspondence while a friend/family member assisting with form lodgement only – will not receive correspondence.

8. Relationship to victim  
Parent/guardian ☐ Representative ☐ Friend/family member ☐  
Other ☐ ▶ Please specify

9. Full name Title (e.g. Mr, Mrs, Miss, Ms)  Surname/Family   
First/Given  Middle

10. Name of organisation (if applicable)

11. Address  Postcode   
Postal address (if different)  Postcode   
Comments

12. Contacts Phone  Mobile   
Email

Note: Please provide at least ONE contact method. If required, we will contact you between 8.00am & 6.00pm Mon to Fri.

13. Reason for applying on behalf of the victim  
Age ☐ Disability ☐ Overseas ☐  
Parental responsibility – DOCS ☐ Pilot ☐  
Other ☐ ▶ Please specify

### PART 3: Details of the act(s) of violence

14. When did the act of violence occur?

(a) Date  (dd/mm/yyyy)

or, (b) over a period of time From  to  (dd/mm/yyyy)

15. Where in NSW did the act(s) of violence happen? (If full address is not known, suburb/town must be provided)

Address

Suburb/town  Postcode

16. What was the nature of the act of violence? (Please choose the closest match)

Assault ☐ Sexual assault ☐ Robbery ☐ Home invasion ☐ Domestic/family violence ☐

Other ☐ ► Please specify

Briefly describe what happened. For example *I was walking home and was assaulted by two men who held a knife to my throat and stole my wallet.* Or, *I was sexually assaulted between 2002 and 2005.* Do not just write: *See police statement.*

17. What is the offender's name? Surname/Family  First/Given

18. Relationship to the offender?

### PART 4: Details of counsellor

19. Would you like Victims Services to allocate an approved counsellor on your behalf?

Yes ☐ ► Continue No ☐ ► Go to Q.21

20. Please let us know of any counselling preference you have (if required)

Gender No preference ☐ Female ☐ Male ☐

Suburb(s)/town(s) to attend counselling

Type of disability access  Language for counselling

Other requirements

21. Please provide the name of the approved counsellor of your choice

22. Please provide the preferred location of your choice

Note: If you do not have an approved counsellor you may select one from the list available on the Victims Services website: [www.lawlink.nsw.gov.au/vs/vs.nsf/BuildCounsellorList](http://www.lawlink.nsw.gov.au/vs/vs.nsf/BuildCounsellorList) – All efforts will be made to meet your preferences.

### PART 5: Applicant's declaration

I hereby apply for initial counselling pursuant to Schedule 4, Part 2, *Victims Rights and Support Act 2013*. I am aware that the contents of my counselling session may be used in the preparation of a report to Victims Services for the purposes of subsequent counselling and/or financial assistance applications.

Applicant's signature

Date (dd/mm/yyyy)

### Further information and help completing the application

Contact Victims Services (8.00am to 6.00pm, Monday to Friday (exc. public holidays):

• Phone: 1800 633 063 / (02) 8688 5511 • Email: [vs@agd.nsw.gov.au](mailto:vs@agd.nsw.gov.au) • Website: [www.lawlink.nsw.gov.au/vs](http://www.lawlink.nsw.gov.au/vs)

You can send your completed form by fax to (02) 8688 9632

Or, post it to The Commissioner of Victims Rights, Victims Services Locked Bag 5118, PARRAMATTA NSW 2124